ime, ceftazidime, cefoperazone, cefepime, aztreonam, meropenem and mipenem), aminoglycosides (kanamycin) and quinolones (ofloxacin). We observed direct transfer of cefalotine (CFL) and cefoperazone (CFP) resistance determinants in 6 isolates from University Clinic Kosice to *E. coli* and *P. mirabilis* recipient strains. Similarly all isolates from University Clinic Bratislava and University Clinic Nitra directly transferred CFL resistance, 4 isolates from Bratislava directly transferred CFP resistance and 2 isolates from Bratislava and Nitra transferred also ticarcillin (TIC) resistance. Transfer of resistance determinants were also observed in 2 additional Ps. aeruginosa recipient strains.
Conclusions: Although transfer of meropenem resistance in *A. baumannii* isolates was not observed, strains with similar resistance patterns and transfer of resistance determinants give evidence of probable clonal spread of multiresistant meropenem resistant strains in ICUs of all examined University Clinics. CFL, CFP and TIC resistance determinants already located in plasmids showed the possibility of mobilisation of other resistance determinants. Moreover, transfer of these determinants to 4 different recipient strains demonstrates broad host range of this nosocomial pathogen. *A. baumannii* resistant to meropenem and other previously effective antibiotics is becoming more common pathogen in our country, especially in ICUs and contribute to spread of resistance in hospital environment if adequate infection control measures are not implemented.

R2021

Susceptibility profile of *Acinetobacter baumanii* isolates and evaluation of three different susceptibility test methods

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Objective: To compare and evaluate the antibiotic susceptibility of *A. baumanii* according to 3 different methods in common use in laboratories.
Methods: Thirty-four *A.baumanii* strains were isolated from patients in 2 general hospitals in Athens and from various clinical specimens (blood, urine, intravenous catheters, bronchial secretions). Identification to the species level was performed by automated VITEK II method. Susceptibility testing was done: 1) by Kirby-Bauer according NCCLS 2) by VITEK II system (AST N022 card) 3) by testing imipenem and production of metallo-b-lactamases using the E-test MBL.
Results: We classified 8 different phenotypes according susceptibility results:1) 16/34 (48%) showed sensitivity only to colistin (C). 2) 4/34 (12.5%) showed sensitivity to colistin and ampicillin-sulbactam (CS). 3) 1/34 (3%) showed sensitivity to colistin and tobramycin (CT). 4) 1/34 (3%) showed sensitivity to colistin and imipenem (CI). 5) 8/34 (24.5%) showed sensitivity to colistin, imipenem, ampicillin-sulbactam (CSI). 6) 1/34 (3%) showed sensitivity to colistin, imipenem, tobramycin, netilmycin (CITN). 7) 1/34 (3%) showed sensitivity to colistin, imipenem, tobramycin, netilmycin, cefepime (CITNF) and 8) 1/34 (3%) showed sensitivity to colistin, imipenem, tobramycin, netylmycin, cefepime, ciprofloxacin and gentamycin (CITNFPG). Among the total number of isolates, 20 (59%) were imipenem-resistant and 2 (6%) showed intermediate susceptibility by the disk-diffusion method. 8/20 (40%) R strains and 1/2 (50%) IR strains produced metallo-b-lactamases by E-test MBL. For the evaluation of susceptibilities of imipenem we used E-test as the reference method. We observed that KB correlated well with E-test results for *A. baumanii* strains. Minor discrepancies occurred comparing E-test with VITEK II system (resistance by E-test and intermediate susceptibility by VITEK II system) in 75% of the strains.
Conclusions: According results most *A. baumanii* strains of our study showed imipenem-resistance and were also multi-drug-resistant. By E-test as the reference method, Kirby-Bauer proved to be efficient in detecting those strains and also VITEK II system showed minor discrepancies.

R2022

Nosocomial pseudomonal infections in a university hospital, Adana, Turkey

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Objectives: Our aim is to determine antimicrobial resistance and risk factors for nosocomial *Pseudomonas* infections isolated from various sites in a university hospital.
Methods: This prospective study was conducted in a university hospital with 1100-bed, between January 2004 and October 2005. Nosocomial *Pseudomonas* infections were investigated in hospitalised patients in ICUs and others. Hospital-acquired infections were defined by the criteria of CDC. The identification and susceptibility to antimicrobials has been performed by Vitek 2 as described by NCCLS.
Results: One hundred and seventy nosocomial *Pseudomonal* infections were diagnosed in 170 patients. One hundred and sixteen (68%) of the patients were male. Mean age was 43.93 years. One hundred and twelve (66%) of infections were diagnosed in ICUs. Hospitalization period was more than 20 days at 78% of the patients. Nosocomial infection types were detected as follows: Urinary tract infections 35%, pneumonia 28%, bacteraemia 19%, skin and soft tissue infection 10%, surgical wound infection 8%. Risk factors were detected as, previously hospitalization 21.7%, previous antibiotic use 45%, mechanical ventilation 30.6%, burn 7.6%, diabetes mellitus 7%, malignancy 16.5%, COPD 6%, chronic liver disease 3.5%, collagen vascular disease 6%, chronic renal failure 2%. The results of susceptibility testing for Pseudomonas isolates are shown in the table below. The most active antimicrobial agents againts *Pseudomonas* spp. were carbapenems. Five percent of *Pseudomonas* isolates were found to be resistant to all antibiotics.

N:170	Ceftazidime	Cefepime	Piperacillin/taz	Amikacin	Tobramycin	Ciprofloxacin	Imipenem	Meropenem
%S	38	41	35	46.5	40	50	57	57.6
%I	42	31	19	47	59	47	20	34.7
%R	20	28	46	3	1	3	23	7.6

Conclusion: The high resistance rates in *Pseudomonal* isolates that are responsible for nosocomial infections in our hospital suggest that susceptibility pattern should be monitorised continuous and preventive procedures should be implemented. Besides, multidrug resistant *Pseudomonas* isolates are to take into consideration.

R2023

Activity of different antimicrobials against nosocomial cefotaxime-resistant *Klebsiella pneumoniae*

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Objectives: To determine the activity of different antimicrobials against cefotaxime-resistant *K. pneumoniae* in Russian ICUs.
Methods: During 2002–2004 *K. pneumoniae* strains were isolated from ICU patients with nosocomial infections. MICs of amika-